

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL 10/524139
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 1 ST AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49				/		
50				/		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		39	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 1 ST AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						